

November 14, 2002

PPL No. 02-016

**TO: Local Governmental Agencies (LGAs)  
Targeted Case Management (TCM) Coordinators**

**SUBJECT: Definition of a TCM Encounter for Public Health, Outpatient, Aging  
and Adult Services/Linkages, Adult Probation, and Community  
Programs**

This Policy and Procedure Letter (PPL) refines the definition of an encounter as it is applied in the TCM program. After citing the definition of a TCM encounter, this PPL discusses each of the definition's key terms in order to establish the basis on which the Department of Health Services (DHS), as the single state agency for the Medi-Cal program, and thereby for the TCM program in California, applies the definition. Although each key term is discussed separately, LGAs must ensure that they consider the definition in its entirety. LGAs must not separate the definition of any key term from the requirements of the whole definition.

Title 22 of the California Code of Regulations (CCR), Section 51185(a), DHS defines the term "encounter" as:

A face-to-face contact or a significant telephone contact in lieu of a face-to-face contact when environmental considerations preclude a face-to-face encounter, for the purpose of rendering one or more targeted case management service components by a case manager.

This definition identifies two types of encounters:

1. "A **face-to-face contact** ... for the purpose of **rendering one or more targeted case management service components** by a **case manager**."
2. "A **significant telephone contact** in lieu of a face-to-face contact **when environmental considerations preclude** a face-to-face encounter, for the purpose of rendering one or more targeted case management service components by a case manager."



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**Face-to-face** is defined as the case manager directly interacting with the client. For example, if the client fails to meet the case manager, no encounter may be claimed. Or, if the case manager, on behalf of the client, is completing and mailing an application for Supplemental Security Income, no encounter may be claimed. Likewise, staff meetings to discuss the client's progress, in the absence of the client, may not be claimed as a TCM encounter. Filing case documents, including notices of action, is never an encounter.

**Rendering one or more TCM service components** means assisting Medi-Cal-eligible individuals within specified targeted groups to access needed medical, physical, social, educational, and other services. The TCM service components, as defined in 22 CCR §51351, are:

- Documented assessment identifying the beneficiary's needs;
- Development of a comprehensive, written, individual service plan;
- Linkage and consultation with and referral to providers of service;
- Assistance with accessing the services identified in the service plan;
- Crisis assistance planning; and
- Periodic review of the beneficiary's progress.

These services are described in detail in Section 2 of the TCM Provider Manual. (Note: for the Outpatient target population, crisis assistance planning shall be restricted to non-medical situations.) Many TCM activities other than these TCM services are a necessary part of effective case management. However, only these listed services may be claimed as a TCM encounter. All TCM activities conducted in support of TCM encounters, as well as the encounters themselves, should be included in the annual TCM Time Survey so that the encounter rate (derived from the Cost Report) accurately compensates for the costs of such activities. For detailed discussion of this point, see Section 3 or the TCM Provider Manual.

**A case manager** is an individual appropriately trained for and employed by the case management agency whose clients he or she is serving. A case manager must meet the education, training, and experience requirements appropriate to that agency and for that target population as described in Section 2 of the TCM Provider Manual and in 22 CCR §51272. Each case management agency that has contracted with DHS as a TCM provider is required to provide each case manager with case management training and must implement a case manager coordination system (a Performance Monitoring Plan, a sample of which is provided in PPL 98-015) to prevent countywide duplication of service.

A TCM encounter is conducted by one case manager. When multiple case managers provide the same TCM service to the same client on the same day, only one case manager may claim for the encounter. Potential duplications must be clearly documented in the client case file so that they can be identified as separate services.

When a case manager makes multiple referrals or provides multiple TCM services during a single visit, the referrals or services cannot be billed as separate encounters. Ideally, a single case manager is responsible for providing the whole range of TCM services to one client; this is the best way to prevent duplication of services. A TCM encounter conducted by one case manager should consider and/or provide a range of TCM services, from assessment to periodic review.

When multiple case managers interact directly with a client to provide different TCM services, as a result of the client's immediate needs, each provider can claim a TCM encounter. When case managers provide services to the same client, the LGA must determine which is the lead case manager. The lead case manager must coordinate with the other case managers who provided services to the client in order to prevent duplication of services (e.g., assessment, developing a service plan) among those case managers. This subject is discussed in detail in PPL 98-015, TCM Documentation Statewide Training, under the heading Sample Performance Monitoring Plan.

**A significant telephone contact** may be the basis for a valid encounter, subject to the environmental considerations described below. To be significant, the telephone contact must be with the client to address at least one TCM service identified in the client's service plan, as required by 22 CCR §51351. Telephone contact limits the case manager's ability to ensure that the changing needs of the Medi-Cal-eligible person are addressed on an ongoing basis and that appropriate choices are provided from the widest array of options for meeting those needs. Many TCM activities that can be conducted by phone *support* TCM encounters but are not *claimable* as TCM encounters. Confirming an appointment, for example, does not constitute an encounter.

Significant telephone contact can only be considered valid **when environmental considerations preclude** a face-to-face contact. Severe weather may preclude face-to-face contact and may give rise to valid significant telephone contact. When making significant telephone contact to provide a TCM service, case managers must identify in the case records the environmental considerations that precluded face-to-face contact, as well as which TCM service was provided.

### **Limitations on TCM with Clients Who Reside in Institutions**

The federal Centers for Medicare and Medicaid Services has announced, pursuant to the Olmstead Decision (U.S. Supreme Court, June 1999), that TCM may be provided to clients in institutions (e.g., Skilled Nursing Facilities [SNFs]) during the last 180 consecutive days of their stay for the purpose of community transition to enable them to gain access to needed medical, social, educational, and other services. TCM may not be claimed except for these last 180 consecutive days of a client's stay in a SNF.

Many facilities are Institutions for Mental Disease (IMDs). When TCM clients reside in nursing facilities, hospitals, convalescent homes, or other institutions that are not their

private residence, TCM case managers must determine if the institution is an IMD. Case managers may not claim for TCM services provided to clients who reside in IMDs who are aged over 21 or under 65. TCM may be claimed for IMD clients only during the final 30 days of a client's stay in an IMD to facilitate placement.

After consulting with the client's medical providers, TCM case managers must clearly document in both case records and encounter logs the date a client is scheduled to be released from an institution. The location of TCM encounters must be documented in the case records and encounter logs. Rather than "home" or "other," enter SNF, IMD, B&C, Hosp., etc. Further details on these requirements are provided in PPL 02-015, TCM Encounters with Clients Who Reside in Institutions.

For any encounter to be valid and claimable, it must be appropriately documented. The above discussion of the definition of an encounter is not exhaustive; some exceptions to these requirements will arise. For all encounters, the case records must identify which activities are TCM encounters, which TCM services were provided, and in what location the services were provided. Case managers can assist in ensuring that TCM encounters meet all conditions of the above definition by maintaining complete and accurate case records and encounter logs, as described in Section 7 of the TCM Provider Manual and in PPL 98-015, Documentation Statewide Training, dated July 1998. Furthermore, each TCM provider agency ensures the validity of TCM encounters by creating and implementing its Performance Monitoring Plan, which helps ensure non-duplication of payments, non-duplication of services, and a more efficient use of agency resources in meeting client needs.

If you have any questions, please contact Ms. Elizabeth Touhey, Chief of the Local and Schools Services Unit, at (916) 657-0716 or by e-mail at [etouhey@dhs.ca.gov](mailto:etouhey@dhs.ca.gov).

Sincerely,

**Original Signed by P. Morrison**

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